

## II – Nutrition Services

(Please indicate) **State Agency: West Virginia** for FY 2021

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at [WIC Works - http://wicworks.nal.usda.gov/](http://wicworks.nal.usda.gov/) for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

**A. Nutrition Education-246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7):** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support including the development and/or maintenance of a peer counselor program consistent with the WIC Breastfeeding Model Components for Peer Counseling.

**B. Food Package Design-246.10:** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package. In addition to regulations at 246.10, State agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions available on the FNS PartnerWeb.

**C. Staff Training-246.11(c)(2):** describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

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## A. Nutrition Education

### 1. Nutrition Education Plans (§246.11)

- a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c)(1))

Yes     No

- b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11(c)(7), (d), and (e) of this section. (§246.11(c)(5))

Yes     No

- c. The local agency develops an annual nutrition education plan that is consistent with the State’s nutrition education component of Program operations. (§246.11(d)(2))

Yes     No

- d. (i) The State agency requires that local agency nutrition education include:

- A needs assessment
- Goals and objectives for participants
- Evaluation/follow-up
- Other (list):

- (ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:

- Quarterly or annually written reports
- Year-end summary report
- Annual local agency reviews
- Other (specify):

- e. State policies reflect the definition of “nutrition education” as defined in §246.2 and in the Child Nutrition Act. The definition is “Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.”

Yes     No

### ADDITIONAL DETAIL: Nutrition Services Supporting Documentation:

### 2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support

- a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted:

Yes     No

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**b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:**

- State-developed questionnaire issued by local agencies
- Locally-developed questionnaires (need approval by SA):
  - Yes
  - No
- State-developed questionnaire issued by State agency.
- Focus groups
- Other (Specify):

**c. Results of participant views are:**

- Used in the development of the State Plan
- Used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
- Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

**3. Nutrition Education Contacts (§246.11(a)(1-3): (1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.**

**a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (≥2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:**

- Local agency addresses in the annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify):

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**b. The State agency has developed minimum nutrition education standards for the following participant categories:**

- Pregnant women       Breastfeeding women       Postpartum women  
 Children       Infants       High-risk participants

**The minimum nutrition education standards address:**

- Number of contacts       Protocols       Documentation       Referrals  
 Care plans       Exit counseling       Breastfeeding promotion and support  
 Counseling methods/teaching strategies       Information on substance abuse prevention  
 Content (WIC appropriate topics)       Nutrition topics relevant to participant assessment  
 Appropriate use of educational reinforcement (videos, brochures, posters, etc.)

**c. The State agency allows the following nutrition education delivery methods:**

- Face-to-face, individually or group  
 Online/internet  
 Telephone  
 Food demonstration  
 A delivery method performed by other agencies, i.e., EFNEP  
 Other (specify):

**d. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:**

- Individual nutrition education contracts tailored to the participant's needs  
 Group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)  
 Other (specify):

**e. An individual care plan is provided based on:**

- Nutritional risk  
 Priority level  
 Healthcare provider's prescription  
 CPA discretion  
 Participant request  
 Other (specify):

**f. Individual care plans developed include the following components:**

	<b>Must Include</b>	<b>May Include</b>
Individualized food package	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Identification of nutrition-related problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Nutrition education and breastfeeding support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A plan for follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeframes for completing care plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Documentation of completing care plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A practical relationship to a participant’s nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other (specify by typing into the cells below):**

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**g. Check the following individuals allowed to provide general or high-risk nutrition education:**

	<b>General Nutrition Education</b>	<b>High-Risk Nutrition Contact</b>
Paraprofessionals (non B.S. degree with formal WIC training by SA or LA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B.S. in Home Economics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B.S. in the field of Human Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Registered Dietitian or M.S. in Nutrition (or related field)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietetic Technician (2-year program completed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other (specify by typing into the cells below):**

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**h. The State agency allows adult participants to receive nutrition education by proxy.**

No

Yes (If yes, check the applicable conditions below):

Proxy is spouse/significant other

Proxy is grandparent or legal guardian of infant or child participant

Proxy is neighbor

Other (specify): In the Crossroads/eWIC MIS environment, a proxy is anyone who the participant gives their PIN number to; a parent/guardian 1 and 2, and caretaker can complete nutrition education for the participant.

Only for certain priorities (specify):

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**i. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.**

No

Yes (If yes, check the applicable conditions below):

Proxy is grandparent or legal guardian of infant or child participant

Proxy is neighbor

Other (specify): Parent/Guardian 1 or 2, or caretaker as specified in the Crossroads MIS.

Only for certain priorities (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

Policy and Procedure 9.01 – Monitoring; 5.06 – High Risk; 3.12 – Parent/Guardian, Caretaker and Proxy Authorization

**4. Nutrition Education Materials (§246.11(c)(1,3,4,6,7):** The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff.

**a. The State agency shares material with the Child and Adult Care Food Program (CACFP) at no cost:**

Yes     No

If applicable, list other agencies:

**Does a written material sharing agreement exist between the relevant agencies?**

Yes     No

**b. The State agency recommends and/or makes available nutrition education materials for the following topics:**

	English	Spanish	Other (specify by typing into the cells below):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific nutrition-related disorders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maternal nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of homeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Food Safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Other (specify by typing into the cells below):</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.

c. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:

Content       Reading level/language       Graphic design       Cultural relevance

Other (specify):

d. Locally-developed nutrition education materials must be approved by State agency prior to use.

Yes       No

If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.

Yes       No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

Appendix D – Breastfeeding and Nutrition Education Inventory 2021

5. Nutrition Education Needs of Special Populations

The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):

<u>M</u>	<u>H</u>	<u>S</u>	<u>B</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition education materials appropriate to this population and language needs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing nutrition curriculum or care guidelines specific to this population
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Requiring local agencies who serve this population to address its special

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needs in local agency nutrition education plans

- |                                     |                                     |                                     |                                     |  |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Arranging for special training of local agency personnel who work with this population |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Distributing resource materials related to this population                             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Encouraging WIC local agencies to network with one another                             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Coordinating at the State and local levels with agencies who serve this population     |

**Other (specify by typing into the cells below):**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

### 6. Breastfeeding Promotion and Support Plan

**a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):**

- Activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- Identification of breastfeeding promotion and support materials
- Procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps).
- Training of State/local agency staff
- Designating roles and responsibilities of staff
- Evaluation of breastfeeding promotion and support activities
- Other (specify):

**b. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):**

- A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- A requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients.
- A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- Participant breastfeeding assessment
- Food package prescription and tailoring based on breastfeeding and nutrition assessment
- Data collection (at State and local level)

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- Referral criteria
- Peer counseling
- Other (specify):

### 7. Breastfeeding Peer Counseling

- a. **The State agency coordinates with local agencies to request WIC Breastfeeding Peer Counseling (BFPC) funds to develop and/or maintain a peer counselor program?**

Yes     No

**If yes, the State agency has submitted a request for the following.**

- Full amount of available BFPC funds.
- Specific amount of available BFPC funds \$407,253. (Not to exceed the full amount available.)

- b. **Attach a copy of an updated line item budget, *with written narrative*, demonstrating how peer counseling funds are being used for approved peer counseling activities. Include the citation for the attachment here:**

Appendix E – FY2020 BFPC Line Item Budget Worksheet; Appendix F – FY2020 BFPC Funds Narrative

- c. **Please provide the approximate number of WIC peer counselors in your State:** 42

- d. **Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs.**

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### **ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

Appendix E – FY2020 BFPC Line Item Budget Worksheet; Appendix F – FY2020 BFPC Funds Narrative

- e. **The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see [WIC Breastfeeding Model Components for Peer Counseling](#)):**

Yes     No

- f. **Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic**

Yes     No

- g. **Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**

Yes     No

- h. **Defined job parameters and job descriptions for breastfeeding peer counselors**

Yes     No

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**If yes, the job parameters for peer counselors (check all that apply):**

Define settings for peer counseling service delivery (check all that apply):

- Home (peer counselor makes telephone calls from home)
- Participant's home (peer counselor makes home visits)
- Clinic
- Hospital

- Define frequency of client contacts
- Define procedures for making referrals
- Define scope of practice of peer counselor

**i. Adequate compensation and reimbursement of breastfeeding peer counselors**

Yes     No

**j. Training of State and local staff (managers, designated breastfeeding experts, peer counselors, others) using the FNS-developed breastfeeding training curriculum.**

Yes     No

**k. Training of WIC clinic staff about the role of the WIC peer counselor**

Yes     No

**l. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):**

- Timing and frequency of contacts
- Documentation of client contacts
- Referral protocols
- Confidentiality
- Use of social media
- Other (specify):

**m. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):**

- Regular, systematic contact with peer counselor
- Regular, systematic review of peer counselor contact logs
- Regular, systematic review of peer counselor contact documentation
- Spot checks
- Observation
- Other (specify):

**n. Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):**

- Breastfeeding coalitions
- Businesses

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- Community organizations
- Cooperative extension
- La Leche League
- Hospitals
- Home visiting programs
- Private Healthcare clinics
- Other (specify):

**o. Adequate support of peer counselors by providing the following (check all that apply):**

- Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- Mentoring of newly trained peer counselors in early months of job
- Regular contact with supervisor
- Participation in clinic staff meetings as part of WIC team
- Opportunities to meet regularly with other peer counselors
- Other (specify):

**p. Provision of training and continuing education of peer counselors (check all that apply):**

- Standardized training using FNS-developed curriculum
- Ongoing training at regularly scheduled meetings
- Home Study
- Opportunities to “shadow” or observe lactation experts and other peer counselors
- Training/experience to become senior level peer counselors, WIC-Designated Breastfeeding Expert, etc.
- Other (specify): GOLD Lactation Training

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

### **B. Food Package Design**

**1. Authorized WIC-Eligible Foods**

**a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:**

**b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Federal regulatory requirements | <input checked="" type="checkbox"/> Nutritional value          |
| <input checked="" type="checkbox"/> Participant acceptance          | <input checked="" type="checkbox"/> Cost                       |
| <input checked="" type="checkbox"/> Statewide availability          | <input checked="" type="checkbox"/> Participant/client request |
| <input checked="" type="checkbox"/> Healthcare provider request     | <input type="checkbox"/> Other (specify):                      |

**c. The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.**

- Yes     No

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If yes, describe actual values or criteria identified by the State. Enter “n/a” if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):

No artificial sweeteners (except whole grain and whole wheat bread)

- d. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnant women/Partially (Mostly) Breastfeeding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fully Breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Postpartum, non-breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 0-5 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 6-11 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children

- e. WIC Formulas:

- (1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.  
 Yes     No
- (2) The State agency requires medical documentation for contract infant formula (other than the primary contract formula).  
 Yes     No
- (3) The State agency requires medical documentation for non-contract infant formula.  
 Yes     No
- (4) The State agency requires medical documentation for exempt infant formula/ WIC eligible nutritionals.  
 Yes     No
- (5) State agency authorizes local agencies to issue a non-contract brand infant formula that meets the requirements of Table 4 in 246.10(e)(12) without medical documentation in order to meet religious eating patterns:  
 Yes     No
- (6) The State agency coordinates with medical payors and other programs that provide or reimburse for exempt infant formulas and WIC-eligible nutritionals per Section 246.10(e)(3)(vi).  
 Yes     No

If yes, describe the State agency reimbursement and/or referral system used for this coordination? Include describing monitoring/tracking tools in place to ensure program integrity.

If no, has the State agency met the requirement to annually contact their State Medicaid counterparts regarding the payment of WIC-eligible exempt infant formulas and medical foods to mutual program participants per WIC Policy Memo #2015-7?

Yes     No

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Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies in regards to payment of WIC- eligible exempt infant formulas and medical foods.

**f. Rounding:**

**(1) Does the State agency issue infant formula according to the specific rounding methodology per Section 246.10(h)(1)?**

Yes       No

**If answered NO, skip question 2**

**(2) If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?**

Yes       No

**(3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246.10(h)(2)?**

Yes       No

**(4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?**

Yes       No

**g. Is infant formula issued in the 1st month to partially breastfed infants?**

Yes       No

**h. State policies & materials reflect the definition of “supplemental foods” as defined 246.2 and in the Child Nutrition Act.**

Yes       No

**i. Does the State agency only allow issuance of reduced fat (2%) milk to children ≥ 24 months of age and women with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?**

Yes       No

**j. Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight or obesity is a concern, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?**

Yes       No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

Policy and Procedure 4.04 – Infant Food Package- Birth through Eleven Months; 4.05 – Children 1 through 4 Years; 4.06 – Pregnant Women; 4.07 – Breastfeeding Women; 4.08 – Postpartum Non-Breastfeeding Women; 4.09 – Food Package III- Women, Infants and Children with Qualifying Medical Conditions

**2. Individual Nutrition Tailoring**

**a. The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c).**

Yes       No

**b. The State agency provides a special individually tailored package for**

Homeless individuals and those with limited cooking facilities

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- Residents of institutions
- Other (specify):

**ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation):**

Appendix G – Food Package Reference Guide

**c. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:**

- Does not develop individual nutrition tailoring policies
- Develops based on (check all that apply):
  - Nutrition risk/nutrition and breastfeeding assessment
  - Participant preference
  - Household condition
  - Other (specify):

**d. The State agency allows local agencies to develop specific individual tailoring guidelines.**

- Yes     No

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

- Local agencies are required to submit individual tailoring guidelines for State approval
- Local agency individual tailoring guidelines are monitored annually during local agency reviews
- Agency reviews
- Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

### 3. Prescribing Packages

**a. Individuals allowed to prescribe food packages:**

	Standard food package	Individually-tailored food package
<b>CPA</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other (specify by typing into the cells below):</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL: Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual (citation):**

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### C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

	<u>Professionals</u>		<u>Paraprofessionals</u> (may or may not be CPAs in some SAs)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietary assessment techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization Screening/referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Plan Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VENA staff competency training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (specify by typing in cells below):</b>				
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

Policy and Procedure 2.12 – Anthropometric Measurements; 2.13 – Hematological Testing; 1.19 – Staff Training